United Nations A/72/377

General Assembly

Distr.: General
6 September 2017

Original: English

Seventy-second session
Item 115 (d) of the provisional agenda*
Elections to fill vacancies in subsidiary organs and other elections: election of fifteen members of the Human Rights Council

Note verbale dated 5 September 2017 from the Permanent Mission of Afghanistan to the United Nations addressed to the Secretariat

The Permanent Mission of the Islamic Republic of Afghanistan to the United Nations has the honour to transmit herewith the voluntary pledges and commitments of the Islamic Republic of Afghanistan in the field of the protection and promotion of human rights and fundamental freedoms (see annex), with reference to the candidature of the Islamic Republic of Afghanistan for election to the Human Rights Council for the period 2018-2020 at the elections to be held at the seventy-second session of the General Assembly.

The annex to the present note verbale has been prepared in accordance with General Assembly resolution 60/251, its main aim being to demonstrate the commitment of Afghanistan to the cause of human rights both at the national and the international levels.

The Permanent Mission of Afghanistan to the United Nations would be grateful if the present note verbale and its annex could be circulated as a document of the General Assembly.

* A/72/150.

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Annex to the note verbale dated 5 September 2017 from the Permanent Mission of Afghanistan to the United Nations addressed to the Secretariat

Candidature of Afghanistan to the Human Rights Council, 2018-2020

Voluntary pledges and commitments pursuant to the General Assembly resolution 60/251

1. Afghanistan is honoured to present its candidature for membership in the Human Rights Council for the period 2018-2020. Afghanistan brings vast experience in the implementation of human rights on the basis of its policies, strategies and progressive accomplishments in the promotion and protection of human rights. Following the fall of the Taliban regime in 2001, the achievements of Afghanistan in the area of human rights have been remarkable. The credit goes to several parties, including the State itself, national human rights institutions and civil society, as well as the international community, who, with continued support, has helped Afghanistan to move towards a better country where its citizens live with dignity and rights. Afghanistan has consolidated its human rights gains and is ready to share them with the international human rights forums, the Human Rights Council and its subsidiary bodies and mechanisms. This is the first time Afghanistan has presented its candidature for membership in the Human Rights Council.

2. The Afghan Constitution enshrines the commitment of Afghanistan to human rights. It acknowledges the importance of the Charter of the United Nations and the Universal Declaration of Human Rights, while specific articles ensure the rights of every man and woman. Progressive realization of the human rights principles, such as freedom of expression; inclusive decision-making; women's participation in political, social, economic and security domains; and improvement in social services, such as access to health care and education, are critical gains achieved by Afghanistan. The country is rigorously building its national security forces while combating terror and violent extremism every day almost in every corner of its territory. Afghanistan brings with itself a diverse experience acquired from conflict and its consequences, socioeconomic challenges, institutional efforts for peace and justice and democratic aspirations, all of which allow the country to have a practical and exceptional role in the promotion and protection of human rights and human dignity.

3. The Afghanistan Independent Human Rights Commission, established in accordance with the United Nations-sponsored Bonn Agreement of December 2001, was officially recognized in the Afghan Constitution (article 58) in 2004. The Commission is a national human rights institution dedicated to the promotion, protection and monitoring of human rights, as well as the investigation of human rights abuses. The Commission, with support from the Office of the United Nations High Commissioner for Human Rights (OHCHR), has twice secured "A" status accreditation from the peer review process of the International Coordinating Committee of National Institutions for the Promotion and Protection of Human Rights, giving it enhanced access to the United Nations human rights bodies. The Commission has played a significant role in the promotion, protection and monitoring of the human rights situation in Afghanistan since its creation.

1. Action at the international level

Adherence to the United Nations core international human rights conventions

4. Afghanistan has signed and ratified seven core international human rights conventions, some of which it ratified as far back as in 1983. They include the International Covenant on Civil and Political Rights (1983); the International Covenant on Economic, Social and Cultural Rights (1983); the International Convention on the Elimination of All Forms of Racial Discrimination (1983); the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1987); the Convention on the Rights of the Child (1994); the Convention on the Elimination of All Forms of Discrimination against Women (2003) and the Convention on the Rights of Persons with Disabilities (2012). Afghanistan has also ratified the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (2002) and the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (2003).

5. Afghanistan was among the first Islamic countries to support the adoption of the Universal Declaration of Human Rights, in 1948, which is a strong indication of the nation's commitment to universal standards of human dignity.

Cooperation with special procedures mechanisms

6. Afghanistan has welcomed all the special procedures mandate holders in recent years. The country received visits from the Special Representatives of the Secretary-General and Special Rapporteurs on various thematic areas, including the Special Rapporteur on extrajudicial, summary or arbitrary executions, in October 2002 and May 2008; the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context, in September 2003; the Working Group on the use of mercenaries as a means of violating human rights and impeding the exercise of the right of peoples to self-determination, in 2009; the Special Representative of the Secretary-General for Children and Armed Conflict, in February 2010; the Special Rapporteur on violence against women, its causes and consequences, in November 2014; the Special Representative of the Secretary-General for Children and Armed Conflict, in February 2016; and the Special Rapporteur on the human rights of internally displaced persons, in October 2016. The Government of the Islamic Republic of Afghanistan expects the visit of the Special Rapporteur on the situation of human rights defenders in the course of 2017.

7. The Government of the Islamic Republic of Afghanistan has welcomed the recommendations made by the special procedures and employed them as guidance to strengthen the systems. Afghanistan is committed to continuing compliance with the recommendations and follow-up. The country has prepared action plans to ensure implementation of the recommendations and rigorously monitor the progress.

Cooperation with the Office of the United Nations High Commissioner for Human Rights

8. Afghanistan continues to strengthen its cooperation with OHCHR. In the past 12 years, the United Nations High Commissioners for Human Rights have made three different visits to Afghanistan, each of which have inspired a constructive relationship between the country and the Office that is still maintained. Furthermore, the Human Rights Unit of the United Nations Assis'ance Mission in Afghanistan was established as part of OHCHR to pursue an overall strategy for ensuring the protection and promotion of human rights. The unit is involved in

strategic discussions on human rights, as well as aiding the country in targeted research and reporting on human rights situations.

Implementation of United Nations core human rights conventions

9. Afghanistan attaches significant value to its reporting obligations to human rights instruments and closely follows the implementation of their recommendations. The second periodic report of Afghanistan to the Committee against Torture was reviewed in April 2017. The Government of the Islamic Republic of Afghanistan is fully committed to the implementation of and follow-up to the concluding observations resulting from the review. The country's second periodic report to the Committee on the Elimination of Discrimination against Women was accomplished in July 2011, and the report to the Committee on the Rights of the Child in 2009. Additionally, Afghanistan reported on its obligations under the International Covenant on Economic, Social and Cultural Rights in April 2008.

Universal periodic review

10. Afghanistan is committed to an open and constructive engagement in a robust universal periodic review procedure, including reporting on measures taken to follow up on its recommendations. Afghanistan was among the first countries reviewed under the universal periodic review mechanism of the Human Rights Council in May 2009, which was followed by the second cycle of the review in January 2014. Both were prepared through an inclusive and extensive consultation process involving all relevant ministries and other governmental entities, the Afghanistan Independent Human Rights Commission, civil society and non-governmental organizations. Afghanistan is implementing recommendations made in the previous review and is currently preparing for the third review cycle, planned for January 2019.

International Criminal Court

11. Afghanistan is committed to cooperation with the International Criminal Court. The majority of crimes preserved in the Rome Statute have been reflected in the new Penal Code of Afghanistan, which is already in the final stages of endorsement. A channel of communication and collaboration with the Court has been established in the past two years, and the Government is committed to keeping it open and constructive. To strengthen relations and share the progress, two high-ranking delegations from the Government of the Islamic Republic of Afghanistan visited the headquarters of the Court, which was followed by the submission of two sets of informational packages to the Court pertaining to the legal actions taken by the Government against crimes under the Rome Statute. Moreover, an official invitation has been extended to the Court to visit Afghanistan.

2. Actions at the national level

Progress in national legislation

12. The Government of the Islamic Republic of Afghanistan has strived to include provisions of the conventions it has ratified into domestic laws. Afghanistan has recently endorsed the Law Inhibiting Torture (February 2017), the Law on Combating Human and Migrant Trafficking (December 2016), the Criminal Procedure Code (May 2014), the Law on the Prohibition of Child Recruitment in the Military (December 2014) and the Law on Access to Information (November 2014). In addition, provisions of the conventions were adopted in several laws that had

been enacted in past years, including the Juvenile Code, the Law on the Elimination of Violence against Women, the Law on Financing Terrorism, the Labour Law, the Law on the Anti-Corruption Strategy, the Law on Juvenile Rehabilitation Centres, the Law on Abduction and Human Trafficking, the Law on Commercial Mediation, the Law on Private Investment, the Law on Prisons and Detention Centres, the Law on Political Parties, the Law on Gatherings and the regulation on women's shelter/support centres. Those laws, some of them landmark achievements of their kind, allow the country to enhance the promotion and protection of human rights and human dignity. Afghanistan is committed to reinforcing the rule of law, the justice system and accountability mechanisms and delivering the best to its citizens.

Improving accountability and transparency

13. The Government of the Islamic Republic of Afghanistan believes that accountability and transparency are an integral part of governance for peace, development and human rights. Beside the legislative reforms, Afghanistan has started a judicial reform programme that includes a review of structures and procedures. Most of the human resources of the Supreme Court and the Office of the Attorney General have been recruited in the past two years through a merit-based competition, with a noticeable female representation. A high-level council on the rule of law and anti-corruption, which reports to the President, was established to lead the government effort on accountability and transparency. To further improve accountability and transparency, a special court to review cases of corruption has been established, which has so far reviewed several cases of alleged corruption.

14. To emphasize the need for good governance and accountability, the Government launched the Citizens' Charter programme in October 2016. The Citizens' Charter is part of the effort to break the cycle of fragility and violence and to promote the right to decision-making and development at the grass-roots level. The Charter grants a social contract between the Government and community-level development councils to improve the delivery of core infrastructure and social services. Moreover, approximately 40 per cent of members of the development councils are women.

15. The freedom of expression has been a fundamental success in contributing to the promotion of human rights, social accountability and transformation that is unique to Afghanistan and its current generation. This freedom has been manifested in a considerable number of television channels, radio stations, print media and art and music platforms, as well as a heavy presence of Afghans on social media networks. As a result, the free and independent media play a significant role in the protection, promotion and monitoring of human rights in Afghanistan. The Law on Access to Information has been useful in empowering the citizens, and the growing and vibrant civil society is among the most crucial contributors to the promotion and protection of human rights in Afghanistan.

Empowering women and promoting gender equality

16. The Government is the main vehicle for implementing policies and commitments to advance the status of women and girls. Afghan women have borne a heavy burden from causes related to chronic conflict and war trauma, widespread poverty, sociocultural traditions and practices and poor infrastructure. The Law on the Elimination of Violence against Women has been in force since 2009, and a regulation on the protection of human rights in the governmental institutions was endorsed in August 2014. The national multi-year action plan on the implementation of Security Council resolution 1325 (2000) on women, peace and security was endorsed in 2015. The country has concluded a national action plan on women's economic empowerment through an inclusive and extensive process involving

women's representatives from the provinces, civil society and experts. Girls' education, including access to a higher level of education; maternal health and nutrition; women's access to employment; the role of women in political, social, economic and security affairs; access to justice; and women's participation in the peace process are central to the Government. The Ministry of Women's Affairs is mandated with formulating policies, setting priorities and coordinating the programmes on the empowerment of women with other partners. In recent years, directorates on gender and human rights have been created in the ministries and in the Afghanistan National Defence and Security Forces. Recently, the position of Deputy Attorney General was created specifically with regard to the areas concerning violence against women, juvenile offences and human rights. Similarly, at the provincial level, attorneys and structures for combating violence against women and juvenile offences and on human rights have been established. With the aim of gender equality and merit-based recruitment, female representation in the Office of the Attorney General has increased from 4 per cent to 17 per cent in the past year. That includes the recruitment of 10 women at the level of Director General, four of whom are members of the High Council of the Office of the Attorney General. Moreover, special courts and prosecutors on cases related to violence against women and juvenile justice have been created to ensure that women have better access to the justice system.

Rights of internally displaced persons and returnees

17. Afghanistan has experienced an unprecedented return of refugees and internally displaced persons in recent months. The Government is committed to protecting the rights of internally displaced persons and returnees and providing effective mechanisms for addressing their specific needs. The Migration Council, led by the President, and the Displacement and Return Executive Committee, led by the Chief Executive, are high-level decision-making mechanisms to ensure effective Government-led responses for internally displaced persons in protracted displacement, newly internally displaced persons and returnees. The national policy on internally displaced persons remains a key instrument to guide government efforts to address the specific needs. To address population displacement, the Government aims for a durable solution that consists of improved security, predictable resources and employment opportunities. The steps taken so far in the peace process, regional economic integration and civil service reform will support solutions to the population movement.

Afghanistan sustainable development goals

18. The Government of the Islamic Republic of Afghanistan believes that equality and justice are requisites for peace and sustainable development. Afghanistan has thus endorsed the basic pillars of sustainable development, which are economic, social and environmental goals and the integrated principles of peace, justice and institutional development. The Afghanistan National Peace and Development Framework (2017-2021) affirms the vision and commitments of the country to achieve self-reliance and improve the welfare of its citizens. The economic and development forecast for Afghanistan is strongly linked with the achievement of a durable peace and reconciliation. The Government has invested in the peace process and stands firm on the need to find political solutions to the conflict.

3. Challenges

19. Global terror has targeted Afghanistan owing to its central location and difficult terrain. Best estimates show an increase from 200 to 11,000 foreign fighters

over the past two years. Afghanistan is making a full contribution as a front-line State and as a first line of defence for the security of the region. The Government of the Islamic Republic of Afghanistan is fighting over 20 international terrorist groups on behalf of the world. The situation of the country at the time of this pledge is highlighted by the high number of civilian casualties from conflict, including the suicide attacks and threats from the Taliban, Al-Qaida, Islamic State in Iraq and the Levant, the Haqqani Network and other militant groups. The country also faces a humanitarian situation caused by internal displacement owing to conflict and a large number of returning refugees. Despite these challenges, every day Afghans strive towards their aspirations of security and peace, justice and human dignity. Membership of Afghanistan in the Human Rights Council will boost the nation's aspirations for the value of human rights, as they are universal, indivisible and interdependent.

4. Commitments by Afghanistan as a candidate for membership in the Human Rights Council

20. Afghanistan fully acknowledges the responsibilities of its membership in the Human Rights Council. Afghanistan is committed to making a meaningful contribution to the promotion and protection of human rights at the national, regional and international levels during and after its membership in the Council. Afghanistan hereby pledges to:

National level

(a) Remain committed to ratifying the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment;

(b) Ensure endorsement of the revised Penal Code consistent with the Afghan Constitution and guided by the commitment of Afghanistan to the international conventions;

(c) Ensure endorsement of a comprehensive Child Act and the development of a national action plan on the protection of children;

(d) Ensure full implementation of the national multi-year action plan on Security Council resolution 1325 (2000) on women, peace and security;

(e) Remain committed to ensuring the meaningful participation of women in political decision-making, including the peace talks, the security and justice sectors, legislative processes and economic programmes;

(f) Ensure that civilian casualties from armed conflict are reduced to a minimum level;

(g) Continue its full support for the Afghanistan Independent Human Rights Commission and ensure the implementation of the office of the Ombudsperson within the Commission;

(h) Establish an adequate information-sharing system on threats to media outlets, civil society organizations, journalists and human rights defenders at the provincial level;

(i) Continue to foster genuine participation and meaningful involvement of civil society and human rights defenders in the promotion and protection of human rights;

Regional level

(j) Maintain support for the creation of a regional human rights mechanism in South Asia and advocate its role and effect with relevant Member States;

International level

(k) Continue its full cooperation with the Human Rights Council in accordance with General Assembly resolution 60/251 and engage with the aim of contributing to the full implementation of the mandate of the Council;

(l) Establish qualitatively new standards of cooperation with all parts of the human rights monitoring mechanisms of the United Nations system, including the Office of the United Nations High Commissioner for Human Rights, the special procedures mandate holders, the complaint procedure of the Human Rights Council and the treaty bodies;

(m) Uphold the universality of the universal periodic review and engage in the review process through constructive participation in the interactive dialogues;

(n) Remain committed to implementing the recommendations that received its support during the second cycle of the universal periodic review of Afghanistan;

(o) Support initiatives to strengthen the capacity of the Human Rights Council to promote the rights of the most vulnerable groups, with special emphasis on children, women, persons with disabilities, internally displaced persons, returnees and refugees;

(p) Increase its activities aimed at sharing its experience in carrying out renowned programmes in various areas, such as counter-terrorism, women's rights, freedom of expression and others, that serve the goal of effective implementation of human rights;

(q) Continue to support the meaningful engagement of civil society and non-governmental organizations with the Human Rights Council;

(r) Support efforts aimed at ensuring an efficient international response to newly emerging human rights challenges.

United Nations A/72/378

General Assembly

Distr.: General
6 September 2017

Original: English

Seventy-second session
Item 128 of the provisional agenda*
Global health and foreign policy

Health employment and economic growth

Note by the Secretary-General

The Secretary-General hereby transmits the report of the Director General of the World Health Organization, the Director General of the International Labour Organization and the Secretary-General of the Organization for Economic Cooperation and Development on the immediate actions of the High-level Commission on Health Employment and Economic Growth.

* A/72/150.

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Immediate actions of the High-level Commission on Health Employment and Economic Growth

Summary

The present report provides an overview of the progress made following the launch of the report of the High-level Commission on Health Employment and Economic Growth in September 2016, pursuant to General Assembly resolution 71/159.

As populations grow and change, the global demand for health workers is estimated to almost double by 2030, creating around 40 million new health worker jobs, primarily in upper-middle- and high-income countries. At the same time, however, a shortfall of 18 million health workers needed to achieve and sustain access to essential health services is projected by 2030, primarily in low- and middle-income countries.

The status quo is untenable. Decades of chronic underinvestment have resulted from managing the health and social workforce as a cost to be contained and a drag on the economy. This entrenched pattern of financing is at odds with the growing evidence brought forward by the Commission that the health and social workforce is a force multiplier for inclusive growth. Left unaddressed in the context of predicted demographic, epidemiological, ecological and socioeconomic changes, projected workforce shortfalls and mismatches threaten to erode the hard-won gains in health, well-being and global health security.

Universal health coverage is possible only with bold investments in the health and social workforce. This workforce is the largest subcomponent of the resources needed to achieve the health-related Sustainable Development Goals. Investments in the health and social workforce comprise more than one third of the health sector investments required to achieve better health and well-being by 2030. An ambitious and intersectoral health and social workforce agenda that maximizes value for not only better health and well-being (Goal 3) but also quality education (Goal 4), gender equality (Goal 5) and decent work and inclusive growth (Goal 8) is a key priority for socioeconomic development.

The International Labour Organization (ILO), the Organization for Economic Cooperation and Development (OECD) and the World Health Organization (WHO) have rapidly advanced the implementation of the Commission's 10 recommendations and five immediate actions through broad dissemination, the galvanizing of political commitment and intersectoral support at high-level forums, and consultations with Member States and stakeholders to develop and establish the joint ILO, OECD and WHO Working for Health programme and multi-partner trust fund. The programme, with its five-year action plan for health employment and inclusive economic growth (2017-2021), serves as a catalyst in supporting Member States to expand and transform the health and social workforce to accelerate progress with regard to the 2030 Agenda for Sustainable Development. Funding for the programme must be secured to facilitate the subsequent release of sustainable financing for the implementation of national workforce strategies in all countries. The action plan, which was adopted by the seventieth World Health Assembly, in May 2017, by its decision WHA 70.6, is supported by the OECD Health Committee and will be considered by the ILO Governing Body at its 331st session. Through the Working for Health programme, ILO, OECD and WHO look forward to working with Member States and all stakeholders to amplify health and social workforce action and investments that unleash socioeconomic dividends across the 2030 Agenda.

I. Introduction

1. There were 43.5 million health workers directly engaged in the provision of health services in 2013[1] and more than 234 million workers in the broader health economy in 2015.[2] The International Labour Organization (ILO) estimates that each health occupation job generates two additional jobs for workers in other occupations. As populations grow and change, it is estimated that the global demand for health workers will almost double by 2030 and that around 40 million new health worker jobs, primarily in upper-middle- and high-income countries, will be created.[3]

2. At the same time, a shortfall of 18 million health workers needed to achieve and sustain access to essential health services is projected by 2030,[4] primarily in low- and middle-income countries, as envisaged by the World Health Organization (WHO) in its Global Strategy on Human Resources for Health: Workforce 2030.[4] The labour mobility of health workers has increased and become more complex over time, generating advantages that can be mutually beneficial for all countries and negative effects that must be mitigated while safeguarding migrant workers' rights. Over the past decade, the number of migrant doctors and nurses working in member countries of the Organization for Economic Cooperation and Development (OECD) has increased by 60 per cent, while the number of doctors and nurses who have departed countries with serious health workforce shortages has increased by 84 per cent.[5] Three quarters of the current capacity to educate new health workers is concentrated in high- and upper-middle-income countries. Sub-Saharan Africa accounts for a 4 per cent share of the global health workforce but shoulders 24 per cent of the global disease burden, a situation that has remained virtually unchanged for a decade.[6]

3. Poor working conditions and occupational hazards have a negative impact on the quality of health and social services provided. Attacks on health workers and health care, as highlighted by the Commission, are a global concern in all settings. WHO consolidated reports of 594 attacks on health care from January 2014 to December 2015 in 19 countries facing emergencies, resulting in 959 fatalities and 1,561 people injured,[7] of 302 attacks in 2016 in 20 countries facing emergencies,

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[1] G. Cometto and others, "Health workforce needs, demand and shortages to 2030: an overview of forecasted trends in the global health labour market", in *Health Employment and Economic Growth: an Evidence Base*, J. Buchan, I. Dhillon and J. Campbell, eds. (forthcoming).

[2] International Labour Organization (ILO), *Improving Employment and Working Conditions in Health Services: Report for Discussion at the Tripartite Meeting on Improving Employment and Working Conditions in Health Services (Geneva, 24-28 April 2017)* (Geneva, ILO, 2017). Available from www.ilo.org/sector/activities/sectoral-meetings/WCMS_548288/lang--en/index.htm.

[3] J. Liu and others, "Global health workforce labour market projections for 2030", policy research working paper No. 7790 (Washington, D.C., World Bank Group, 2016). Available from http://documents.worldbank.org/curated/en/546161470834083341/Global-health-workforce-labor-market-projections-for-2030.

[4] Available from www.who.int/hrh/resources/16059_Global_strategyWorkforce2030.pdf?ua=1.

[5] J. Dumont and G. Lafortune, "International migration of doctors and nurses to OECD countries: recent trends and policy implications", in *Health Employment and Economic Growth: an Evidence Base*.

[6] WHO, *Health in 2015: from Millennium Development Goals to Sustainable Development Goals* (Geneva, WHO, 2015). Available from http://apps.who.int/iris/bitstream/10665/200009/1/9789241565110_eng.pdf?ua=1.

[7] WHO, "Report on attacks on health care in emergencies: based on consolidated secondary data, 2014 and 2015", Geneva, 2016. Available from www.who.int/hac/techguidance/attacksreport.pdf?ua=1.

resulting in 418 fatalities and 561 people injured,[8] and of 88 attacks in the first quarter of 2017 in 14 countries facing emergencies, resulting in 80 fatalities and 81 people injured.[9]

4. Achieving health for all by 2030 necessitates an ambitious health and social workforce agenda and a radically new investment approach. The WHO study entitled "Sustainable Development Goal health price tag" found that investments in the health and social workforce comprise more than one third of the health sector investments required to achieve better health and well-being by 2030 and that this workforce represents the largest subcomponent of resource needs.[10] Decades of chronic underinvestment have resulted from managing the health and social workforce as a cost to be contained and a drag on the economy. This entrenched pattern of financing is at odds with the growing evidence that the health and social workforce is a force multiplier for inclusive growth. Left unaddressed in the context of predicted demographic, epidemiological, ecological and socioeconomic changes, projected workforce shortfalls and mismatches threaten to erode hard-won gains in health, well-being and security.

5. In September 2016, the High-level Commission on Health Employment and Economic Growth put forward an investment case to secure a sustainable health and social workforce and generate socioeconomic dividends across the 2030 Agenda.[11] With 10 recommendations and five immediate actions, the Commission proposed ways to address deepening mismatches and inequities in the health and social workforce and stimulate the creation of jobs in the health and social sectors as a means to accelerate universal health coverage and advance inclusive economic growth (see annex).

6. The Commission was established by the Secretary-General in March 2016 in response to General Assembly resolution 70/183 entitled "Global health and foreign policy: strengthening the management of international health crises", in which the Assembly recognized that investing in new health workforce employment opportunities may also add broader socioeconomic value to the global economy and national economies and contribute to the implementation of the 2030 Agenda and requested the Secretary-General to explore steps to meet the global shortfall of trained health workers.

7. The Commission was co-chaired by the former President of France, François Hollande, and the President of South Africa, Jacob Zuma, and co-vice-chaired by the former Director General of WHO, Margaret Chan, the Secretary-General of OECD, Angel Gurría, and the Director General of ILO, Guy Ryder. Commission members included ministers of education, health, foreign affairs and labour, parliamentarians, Sustainable Development Goal advocates, Nobel laureates and health worker leaders. The Commission's expert group comprised health and labour economists and health, human rights and health workforce experts and was chaired by the Editor-in-Chief of the *Lancet*, Richard Horton.

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[8] WHO, Attacks on Health Care Dashboard, reporting period: 1 January to 31 December 2016. Available from http://www.who.int/emergencies/attacks-on-health-care/attacks-on-health-care-2016.pdf?ua=1.

[9] WHO, Attacks on Health Care Dashboard, reporting period: 1 January to 31 March 2017. Available from www.who.int/emergencies/attacks-on-health-care/attacks_dashboard_2017_Q1_updated-June2017.pdf?ua=1.

[10] K. Stenberg and others, "Financing transformative health systems towards achievement of the health Sustainable Development Goals: a model for projected resource needs in 67 low-income and middle-income countries", *Lancet Global Health*, vol. 5 (September, 2017).

[11] High-level Commission on Health Employment and Economic Growth, *Working for Health and Growth: Investing in the Health Workforce* (Geneva, WHO, 2016). Available from www.who.int/hrh/com-heeg/reports/en/.

8. The Commission identified the health and social sectors as a major and growing employer, representing 11 per cent of total employment in OECD member countries, for example. Employment in the health and social sectors in OECD member countries grew by 48 per cent from 2000 to 2014, compared with 14 per cent across all sectors.[12] In many countries, they are the leading sectors for job creation. Worldwide, the annual average growth in health employment from 2005 to 2013 was double that of total employment (2.8 per cent compared with 1.3 per cent), and health employment growth outpaced total employment growth five-fold in Asia and the Pacific.[2]

9. Good health contributes to economic growth. The Commission brought forward evidence that investments in expanding and transforming the health and social workforce had spillover effects that enhance inclusive economic growth through multiple economic pathways, including productivity gains in other sectors and job creation. The Commission found that the socioeconomic returns of investments in health and social services were especially high in situations of underemployment.

10. Investing in the health and social workforce could address the high rates of youth unemployment. Growth in health employment creates much needed education, decent work opportunities and career pathways for young people, in particular in rural areas, where health and social workforce needs are the greatest.

11. The health and social sectors employ a greater share of women than other sectors, with women representing 71 per cent of the health workforce compared with 41 per cent of total employment. Gender-transformative national health workforce strategies and investments could enhance the economic empowerment and participation of women and result in greater recognition of the value of unpaid care roles. An additional 2 per cent of gross domestic product investment in the education, health and social services could increase overall employment rates by between 2.4 and 6.1 percentage points, with women taking between 59 and 70 per cent of jobs created by such investments.[13] This would increase the rate of women's employment by between 3.3 and 8.2 per cent.[13] Such investment must be accompanied by the mainstreaming of gender equity and family-friendly working policies and practices to improve work-life balance for all and support those with caring responsibilities in the raising of children and the care of the sick and the elderly. Half of women's contribution to global wealth is through unpaid care roles. Gender biases, physical and sexual violence and harassment remain important challenges for health and social workers. The gender pay gap in the health and social sectors is higher than that of the overall pay gap of 20 per cent, with an average of 26 per cent in high-income countries and 29 per cent in upper-middle-income countries.[2]

II. Progress on immediate actions

12. The Commission proposed five immediate actions to be taken from October 2016 to March 2018 to implement the Commission's recommendations. ILO, OECD and WHO reports the progress on each immediate action below.

[12] C. James, "Health and inclusive growth: changing the dialogue", in *Health Employment and Economic Growth: an Evidence Base*.

[13] Jerome De Henau and others, "Investing in the care economy: a gender analysis of employment stimulus in seven OECD countries", report of the Women's Budget Group of the United Kingdom of Great Britain and Northern Ireland (Brussels, International Trade Union Confederation, 2016). Available from www.ituc-csi.org/CareJobs.

A. Secure commitments, foster intersectoral engagement and develop an action plan

13. The Commission's report was welcomed and action on its recommendations was encouraged by the former Secretary-General in a statement issued in December 2016 and by the General Assembly in its resolution 71/159, entitled "Global health and foreign policy: health employment and economic growth". In that resolution, the Assembly recognized the importance of the health and social sectors in economic growth and the collective need to increase health employment, and that investing in health workers was one part of the broader objective of strengthening health systems and social protection and essentially constituted the first line of defence against international health crises. It encouraged action in support of the creation of some 40 million new jobs in the health and social sectors by 2030, paying specific attention to addressing the projected shortages of 18 million health workers by 2030, primarily in low- and middle-income countries. The Assembly urged Member States to consider the recommendations of the Commission, including the development of intersectoral plans and investment in education and job creation in the health and social sectors.

14. The Commission's recommendations were endorsed and supported in other high-level political and economic forums, including the high-level ministerial meeting on health employment and economic growth, held in December 2016, the WHO Executive Board in January 2017, the Africa-France Summit, held in Bamako in January 2017, the OECD health ministerial meeting, held in January 2017, the sixty-first session of the Commission on the Status of Women, held in March 2017, the meeting of ministers of health and labour of the West African Economic and Monetary Union held in March 2017, the ILO tripartite meeting on improving employment and working conditions in health services held in April 2017, the meeting of health ministers of the Group of 20 held in May 2017, the World Health Assembly in May 2017 and the OECD Health Committee in June 2017.

15. ILO, OECD and WHO organized the High-level ministerial meeting on health employment and economic growth, held in Geneva on 14 and 15 December 2016, and presented a draft action plan for consultation. Two rounds of consultations with more than 60 contributions and discussions with more than 80 representatives of permanent missions to the United Nations in Geneva informed the development of the final action plan. The Working for Health programme,[14] a five-year action plan for health employment and inclusive economic growth covering the period from 2017 to 2021, was adopted by the seventieth World Health Assembly in its decision WHA 70.6 and endorsed by the OECD Health Committee in June 2017. It will be considered by the ILO Governing Body at its 331st session, in November 2017. The programme was profiled at the partnership exchange of the High-level Political Forum on Sustainable Development in July 2017.

16. WHO established the Global Health Workforce Network in October 2016 to maintain high-level political commitment, promote intersectoral and multilateral policy dialogue, including, as appropriate, through public-private collaboration, facilitate the alignment of domestic financing, global health initiatives and donors with the health and social workforce investment priorities outlined in the Global Strategy, and foster global coordination and mutual accountability. The network also serves as a policy support network and a mechanism for multi-stakeholder

[14] See annex I to the report of the WHO secretariat on human resources for health and implementation of the outcomes of the United Nations High-level Commission on Health Employment and Economic Growth, available from http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_18-en.pdf.

engagement in the Working for Health programme. The network brings together all key stakeholders, including, but not limited to, representatives of the health workforce in the form of professional associations and trade unions, employers from the private sector and the health sector and representatives of civil society, academia and foundations.

B. Galvanize accountability, commitment and advocacy

17. WHO, together with Trinity College, Dublin, the Health Services Executive of Ireland, Irish Aid, the Department of Health of Ireland and the Global Health Workforce Network, will convene the Fourth Global Forum on Human Resources for Health in Dublin from 13 to 17 November 2017. The Forum is expected to bring together more than 1,000 participants, including a range of such actors as policymakers, planners, civil society representatives, young people, practitioners, academics, researchers, regulators and decision-makers across sectors, including health, labour, education and finance. The forum will provide a key opportunity for all stakeholders to discuss, debate and strengthen advocacy, commitment and accountability for innovative approaches to advancing the implementation of the Global Strategy and the Commission's recommendations, and to show the collective commitment to expanding and transforming the health and social workforce that is required to achieve the Sustainable Development Goals.

C. Advance health labour market data, analysis and tracking in all countries

18. The purpose of the national health workforce accounts is to facilitate the standardization of a health workforce information system to improve data quality and support the tracking of health workforce policy performance towards universal health coverage. They comprise core indicators and data characteristics that can be progressively measured to generate reliable data and information for labour market analysis, monitoring and research, workforce planning and investments. WHO released a draft for consultation in October 2016 and finalized the national health workforce accounts in collaboration with experts of a technical advisory group, which included representatives of ILO, OECD and Member States in July 2017. Regional workshops to accelerate the progressive implementation of the accounts in almost 50 countries were held in Mozambique, in November 2016, and Senegal, in March 2016, and are planned in India, at the WHO Regional Office for South-East Asia in September 2017, and Egypt, at the WHO Regional Office for the Eastern Mediterranean in October 2017. WHO has also developed an online national health workforce accounts portal to facilitate reporting.

19. A more comprehensive understanding of the health labour market dynamics and the identification of effective policies and practices supported by evidence, including monitoring and analysis of labour market developments against Sustainable Development Goal targets, are critical to accelerating progress towards the necessary expansion and transformation of the health and social workforce. ILO, OECD and WHO convened two joint expert meetings, in March and April 2017, to work towards establishing a new openly accessible interagency data exchange and online knowledge platform to pool the strengths of the labour market data available from the three organizations so as to deepen the understanding of the health labour market. The interagency data exchange will also coordinate future streamlined and harmonized approaches to further advance labour market data and evidence towards achieving the vision of including all health and health-related social occupations in a progressive and long-term agenda aligned with the 2030 Agenda. This effort will

accelerate the progressive implementation of the labour market indicators of the national health workforce accounts, while minimizing the data collection burden on countries. The online knowledge platform will serve as a global resource to strengthen intersectoral knowledge management and the coordination, analysis and dissemination of evidence and best practices to inform health and social workforce plans, actions and investments.

D. Accelerate investment in transformative education, skills and job creation

20. Through the Working for Health programme, ILO, OECD and WHO have initiated a process to prioritize the provision of technical support to countries where the Commission's recommendations are least likely to be attained in order to support the massive scaling-up of professional, technical and vocational education and training and job creation that is required. The three organizations are also responding to requests for technical support from pathfinder countries with strong political commitment to the health and social workforce agenda. For example, a subregional action plan to implement the recommendations of the Commission was adopted at the meeting of ministers of health and labour of the West African Economic and Monetary Union, hosted by Côte d'Ivoire and supported by ILO and WHO, and held on 23 and 24 March 2017. The action plan includes the revision of macroeconomic policy constraints on investments in the health workforce to create decent jobs and to accelerate the expansion and transformation of the education and training of health workers. It has been submitted for discussion at the meeting of ministers of finance, health and labour of the Union in October 2017.

E. Establish an international platform on health worker mobility

21. To tackle the adverse effects of and maximize the benefits from the increasing international mobility of health workers, the Commission called for the immediate establishment of an international platform on health worker mobility. ILO, OECD and WHO convened a cross-organizational meeting in April 2017 to design such a platform. The platform will serve as a mechanism to facilitate evidence-based policy dialogue and action towards achieving a sustainable global health and social workforce. It will offer a global data hub on the international mobility of health workers by country of origin, destination and training. It will also organize international meetings to promote consultation, dialogue and collaboration among countries on key policy issues, including innovative and effective policy practices on the assessment and recognition of foreign qualifications. The platform will strengthen and support the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel and ILO conventions and recommendations on migrant workers, in turn contributing to the improvement of both evidence and policy. With a view to informing and encouraging those country consultations, the platform will periodically publish policy papers produced by ILO, OECD and WHO on selected topics of regional and international interest, such as trends in the regional and international mobility of health workers and examples of good practices in bilateral and regional agreements on joint investment in the education, training and employment of the health and social workforce. The evidence will contribute to the discussions and negotiations on the global compact for safe, orderly and regular migration. ILO, OECD and WHO will convene policymakers to report on the development of the platform at the Fourth Global Forum.

III. Working for Health: a five-year action plan for health employment and inclusive economic growth

22. The vision of the Working for Health programme is a world in which everyone has equal access to health services provided by skilled and empowered health and social workers in strengthened health systems.

23. The goals of the programme are the expansion and transformation of the global health and social service workforce to accelerate progress towards universal health coverage and global health security. By providing state-of-the-art policy advice, technical assistance and capacity-strengthening support to achieve those twin goals, ILO, OECD and WHO will jointly assist their constituents and partners from Governments, the private sector and civil society in achieving the following Sustainable Development Goals:

(a) Ensure healthy lives and promote well-being for all at all ages (Goal 3);

(b) Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all (Goal 4);

(c) Achieve gender equality and empower all women and girls (Goal 5);

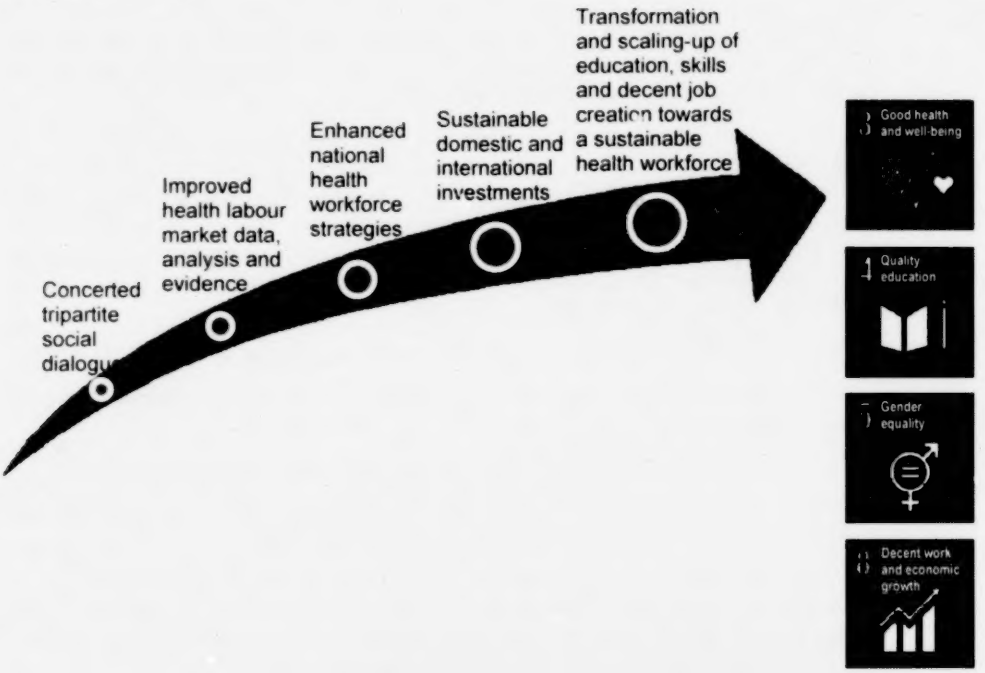
(d) Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work and for all (Goal 8).

24. The mission of the programme, as elaborated by the Commission, is to stimulate and guide the creation of at least 40 million new jobs in the health and social sectors and to avert the projected shortfall of 18 million health workers, primarily in low- and lower-middle-income countries, by 2030.

25. Guided by the Commission and a five-year action plan, the programme will coordinate, enhance and extend the policy advice, technical assistance and capacity support provided by ILO, OECD and WHO to their constituents and partners. The action plan is intended to be globally catalytic, through the provision of global public goods that can be adapted and utilized in any country and by providing targeted technical assistance to develop social dialogue and evidence-based national strategies, improving accountability structures, achieving efficiencies in existing and future investments and, as a result, making it easier for domestic and international partners to invest in future work.

26. By joining forces on the Working for Health programme, ILO, OECD and WHO will enhance their ability to work with Member States in the formulation of comprehensive, intersectoral and integrated national health workforce strategies. Using their convening power and drawing on their data and analytical work, the three organizations can facilitate concerted tripartite social dialogue and the provision of improved health labour market data and evidence, which are critical to the development of a new generation of national health workforce strategies and the mobilization of domestic and international resources to implement them (see figure I).

Figure I
Theory of change


Concerted tripartite social dialogue
Improved health labour market data, analysis and evidence
Enhanced national health workforce strategies
Sustainable domestic and international investments
Transformation and scaling-up of education, skills and decent job creation towards a sustainable health workforce
Good health and well-being
Quality education
Gender equality
Decent work and economic growth

27. With the programme, ILO, OECD and WHO, together with other partners and global initiatives working on relevant Sustainable Development Goals of the 2030 Agenda, can support and facilitate country-driven action through global public goods and targeted technical cooperation and institutional capacity-building, in particular in priority and pathfinder countries.

28. Existing opportunities and mechanisms across agencies, including projects, collaborations and initiatives, will be utilized to the greatest extent possible, and international, South-South and triangular cooperation will be strengthened to streamline efforts towards the implementation of the five-year action plan.

29. ILO, OECD and WHO formalized the governance structure of the Working for Health programme in June 2017 and are now working towards mobilizing intersectoral resources for the establishment of a multi-partner trust fund to support the implementation of the five-year action plan. Given the existence of large global health financing facilities and funds, as well as many related initiatives financed by bilateral and leading foundations, the Working for Health multi-partner trust fund has been deliberately designed to serve a different scope and purpose. Rather than being another competing facility to finance action by Governments, the private sector or civil society actors themselves, it has been created to finance the catalytic joint and coordinated policy advice, technical assistance and capacity-strengthening programmes that Member States have requested from ILO, OECD and WHO, as they set out to prepare a new generation of enhanced national health workforce plans and investments in line with the Commission's recommendations. The trust fund will also foster coordinated policy advice and assistance to and harmonized and aligned support for development partners, maximize the efficiency of the United Nations and other international organizations, promote policy coherence, facilitate

innovation and experimentation, manage risks and deepen the links among normative, policy and operational works.

IV. Conclusion

30. Universal health coverage is possible only with bold investments in the health and social workforce. Investing in expanding and transforming the workforce will not only accelerate progress towards universal health coverage (Sustainable Development Goal 3) and global health security but also unleash powerful socioeconomic returns for quality education (Goal 4), gender equality (Goal 5) and decent work and inclusive economic growth (Goal 8). The Commission put forward an investment case to convert deepening workforce mismatches into once-in-a-generation gains across the 2030 Agenda. Major political and economic forums have backed the Commission's report and many Member States have made progress in the implementation of its recommendations.

31. Rapid progress has been made in carrying out the Commission's immediate actions, in collaboration with Member States and stakeholders. ILO, OECD and WHO have established the Working for Health programme and the multi-partner trust fund to catalytically expand and transform the health and social workforce and to generate socioeconomic dividends across the 2030 Agenda.

32. Funding for the Working for Health programme must be secured and resource mobilization supported to facilitate the subsequent release of sustainable financing for the implementation of national workforce strategies in all countries, in particular those furthest from achieving universal health coverage.

33. The General Assembly is invited to take note of the present report.

Annex

Recommendations and immediate actions from the High-level Commission on Health Employment and Economic Growth

Ten recommendations

Transforming the health workforce

1. Stimulate investments in creating decent health sector jobs, in particular for women and youth, with the right skills, in the right numbers and in the right places
2. Maximize women's economic participation and foster their empowerment through institutionalizing their leadership, addressing gender biases and inequities in education and the health labour market, and tackling gender concerns in health reform processes
3. Scale up transformative, high-quality education and lifelong learning so that all health workers have skills that match the health needs of populations and can work to their full potential
4. Reform service models concentrated on hospital care and focus instead on prevention and on the efficient provision of high-quality, affordable, integrated, community-based, people-centred primary and ambulatory care, paying special attention to underserved areas
5. Harness the power of cost-effective information and communications technology to enhance health education, people-centred health services and health information systems
6. Ensure investment in the International Health Regulations (2005) core capacities, including skills development of national and international health workers in humanitarian settings and public health emergencies, both acute and protracted. Ensure the protection and security of all health workers and health facilities in all settings

Enabling change

7. Raise adequate funding from domestic and international sources, public and private where appropriate, and consider broad-based health financing reform where needed, to invest in the right skills, decent working conditions and an appropriate number of health workers
8. Promote intersectoral collaboration at the national, regional and international levels; engage civil society, unions and other health workers' organizations and the private sector; and align international cooperation to support investments in the health workforce, as part of national health and education strategies and plans
9. Advance international recognition of health workers' qualifications to optimize skills use, increase the benefits from and reduce the negative effects of health worker migration, and safeguard migrants' rights
10. Undertake robust research and analysis of health labour markets, using harmonized metrics and methodologies, to strengthen evidence, accountability and action

Five immediate actions to be taken by March 2018

1. Secure commitments, foster intersectoral engagement and develop an action plan
2. Galvanize accountability, commitment and advocacy
3. Advance health labour market data, analysis and tracking in all countries
4. Accelerate investment in transformative education, skills and job creation
5. Establish an international platform on health worker mobility